

There is a widespread assumption that the vaccination of young children against infectious diseases can only be a good thing, both for the children themselves and the community as a whole. This leads to further assumptions that the vaccination of all children would lead to the elimination of these diseases and a general increase in health. However, a thorough search through the medical literature on this subject indicates a number of inconsistencies and shows that there are many factors to take into consideration.

This leaflet has been compiled to outline some of the more important inconsistencies and to indicate areas where further research is needed. It also suggests further reading you can do. In this way you will be in a better position to make an informed decision on the value of vaccination for your child.

## **How effective are the vaccines?**

Apart from the provision of clean water, it has been said that vaccines have exerted a more profound influence on world health than any other public health measure. However, particularly with the childhood infectious diseases, the original dramatic improvements have not been maintained.

When a campaign was launched in 1988 to encourage the use of the new MMR vaccine against measles, mumps and rubella (german measles), it was implied that a single dose would provide lifelong protection against all three diseases.

This combined vaccine has been used routinely in the USA since 1975, yet the incidence of measles there, having reached its lowest ever in 1983, rose considerably in 1989. As more than half the cases were among vaccinated children, it was decided that a second dose of MMR at school entry should be given to increase protection.

Before the introduction of mass vaccination, most adults had a naturally acquired immunity against measles, mumps and rubella, but this is no longer so. The duration of immunity produced by vaccines is variable and has resulted in shifts of incidence of the illnesses to adolescents and young adults in the United States and Scandinavia. Natural infection

stimulates the body to produce better protection against that disease than vaccination does, and immunity is usually life-long. It has been predicted that when most mothers have been vaccinated against measles, rather than naturally infected, their infants will become susceptible to measles earlier in their life and will need to be vaccinated at about nine months old. The immune system is still relatively immature at that age, and the vaccine is considerably less effective.

Where a vaccine offers only limited protection against a disease, altered symptoms may appear, causing difficulty with diagnosis and treatment. For instance, some vaccinated children have been shown by tests to have whooping cough although the traditional 'whoop' was absent. These changes tend to lead to under-reporting of cases and over-estimation of vaccine efficacy.

## **Can vaccination completely eliminate a disease?**

Many experts consider the eradication of smallpox from this country to be entirely due to vaccination. Others consider that many factors, including better nutrition, hygiene and housing played important roles too, and that it is not easy to assess the contribution that vaccination made.

Diphtheria was becoming less widespread before vaccination was started in the 1940's. Scarlet fever was once a severe and often fatal disease, but is now rare and mild – yet a vaccine has never been produced against it. It appears that infectious diseases have their own natural history which may be affected to a larger or smaller degree by vaccines or antibacterial drugs.

We are beginning to realise that the ecological balance between all living organisms is a delicate one. Microbes are everywhere, and many are useful to us. The editor of a recent medical book on modern vaccines has warned that the use of vaccines, particularly live ones, is capable of changing this balance substantially. The outcome of this disturbance to the patterns of infectious disease is difficult to predict.

## **What are the side effects of vaccination?**

Many children show a reaction to vaccination. From a few hours to a few days later they tend to become upset and irritable and may develop a temperature, soreness at the injection site, a cough and a runny nose. More serious reactions can also occur – as an example, the information supplied to doctors by a manufacturer of MMR vaccine lists the following: immediate allergic reactions, febrile convulsions, temporary arthritic symptoms, transient disturbances of the nervous system including one sided paralysis, deafness and encephalitis. Some of these symptoms may not develop until several weeks after the injection.

This highlights one of the areas where research is lacking. There have been no long term studies comparing the health of vaccinated and non-vaccinated groups. The longest study after MMR vaccination examined fourteen children for up to ten years, but only in terms of antibody levels.

When a child inhales measles virus in a droplet thrown into the air by the coughing of an infected child, nothing appears to happen for about ten days. But the virus begins to multiply, first in the tonsils and adenoids, and then in the lymph nodes before entering the blood. Hence the virus reaches the spleen, liver, thymus and bone marrow which together form a major part of the immune system. By the time the symptoms start to appear, this system has started to produce antibodies against the virus. The fever, aching and rash represent the body's efforts to clear the virus from the blood, and in this way, the entire immune system is profoundly stimulated. Not only will the child who recovers from measles usually remain immune to it for life, but he or she will be able to respond rapidly and effectively to subsequent infections. It has been suggested that infectious diseases are necessary to bring a child's immune system to maturity.

As a result of injecting a vaccine directly into the body, only the antibody response is stimulated, not the generalised inflammatory response, and viral elements from the vaccine may persist in the body

for a long time afterwards. Some health workers suggest this may weaken the immune system.

The immune system helps the body to recognise and tolerate its own cells while helping to identify and eliminate foreign cells. When the system fails to choose correctly, auto-immune diseases, such as rheumatoid arthritis and multiple sclerosis, in which the body begins to destroy its own healthy cells, may result. Some doctors are beginning to wonder if there is some link between the increased incidence of auto-immune disease and the increase in use of live viral vaccines. Only research and the passage of time can provide the answer. A similar question hangs over the increased incidence of allergic conditions such as hay fever, asthma and eczema.

Many children are brought to see a homeopath because of recurrent colds, catarrh or ear infections. When a full history is taken it may become apparent that the problem started after a particular vaccination. Health may be restored by prescribing a homeopathic remedy chosen to fit the individual child's symptom picture.

## Are there alternatives to vaccination?

In 1974 the World Health Organisation stated that "an adequate diet is the most effective vaccine against most of the common infections". By offering a child a varied diet containing plenty of fresh fruit and vegetables, together with the active promotion of good health through exercise and a balanced life style, a child is less susceptible to disease. Should it occur, he or she is in a better position to deal with it rapidly and effectively. Successful homeopathic treatment will enhance overall wellbeing and will help a child to deal with any inherited health problems. Because homeopathic remedies are prescribed on the entire symptom picture, treatment during an infectious disease does not interfere with its full expression but reduces suffering and helps the body towards complete recovery. Homeopaths have been effectively treating infectious diseases since their documented successes with cholera and scarlet fever in the

nineteenth century.

## Where can I get further information?

Choosing whether or not to have your child vaccinated is a difficult decision and you may find it helpful to discuss it further with your homeopath as well as your family doctor or health visitor.

This leaflet has only touched on a few of the complex issues involved and further information can be found in the following sources:

The Case Against Immunisation, Richard Moskowitz, The Homeopath Vol.4 No.4 pp 114-141 & Vol.12 No.1 pp134-141, The Society of Homeopaths

Should I have my child vaccinated?, Wolfgang Goebel, Anthroposophical Medical Association, 1990  
Vaccination and Immunisation: Dangers, Delusions and Alternatives, Leon Chaitow, C W Daniel, 1991

The Vaccine Guide: Risks and Benefits for Children & Adults, Randall Neustaedter, North Atlantic Books, 2003

The Vaccination Bible, edited Lynne McTaggart, What Doctors Don't Tell You, 1997

Vaccination, Viera Schreibner, 1993, ISBN 0 646 15124 X

Vaccines, Autism & Childhood Disorders, Neil Z Miller, New Atlantean Press, 2003, ISBN 1 881217 32 9

Vaccines, Are They Really Safe & Effective, Neil Z Miller, New Atlantean Press, 2003, ISBN 1 881217 30 2

Vaccination, Greg Beattie, The Oracle Press, 1997, ISBN 1 876308 00 1

For more details about these publications or a fuller list of references please contact Michael Thompson by email: michaelthompson@eircom.net

This leaflet is based on *Vaccination: A Difficult Decision* second edition published in 1991 by The Society of Homeopaths (UK) who have since discontinued its publication.

# VACCINATION A DIFFICULT DECISION

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